| ·   |   | CLAIMS ONLY  Application Number  10/673 499  Filing Date |        |       |          |       |        |  |
|---|---|--|--------|-------|----------|-------|--------|--|
| CLAIMS         AS FILED         AFTER FIRST AMENDMENT         AFTER SECOND AMENDMENT           Indep         Depend         Indep         Depend           1         Lindep         Depend         Indep         Depend           1         Lindep         Depend         Indep         Depend           1         Lindep         Depend         Indep         Depend           4         Lindep         Depend         Indep         Depend           5         State         State         State         State           6         Lindep         Depend         Indep         Depend         Indep         Depend         Indep         Depend         Indep         State         State | Appendix)                                       |  |        |       |          |       |        |  |
| AMENDMENT AMENDMENT  Indep Depend Indep Depend Indep Depend  1  | May be used for additional claims or amendments |  |        |       |          |       |        |  |
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